

# Tribal Program – Procedure Code Billing

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- Coverage in this training
  - ✓ Billing Policy update
  - ✓ Changes in Tribal Billing
  - ✓ Encounter services
  - ✓ Non-Encounter services
  - ✓ Claim Forms
  - ✓ Coding
  - ✓ Claim Examples
  - ✓ Program and Service Limits
  - ✓ Provider Taxonomy
  - ✓ References



- Billing Policy update:
- ➤ Effective for claims billed with a **date of service** on or after October 1, 2012, tribal health programs will be required to begin billing all claims with procedure codes (CPT, and HCPCS codes for professional claims, and CDT codes for dental claims) for the underlying service performed in addition to the T1015 encounter code.
- ➤ Total reimbursement will be at the encounter rate for all services that qualify for encounter payment.
- ➤ DO NOT bill services with dates of service prior to 10/01/2012 with services for dates of service after 10/01/2012 on the same claim form. Claims will not pay correctly!

- Changes in Tribal Billing
  - ✓ Claims will now require a procedure code billed on the claim for each service provided:
    - CPT (Current Procedural Terminology)
    - HCPCS (Healthcare Common Procedural Coding System)
    - CDT (Current Dental Terminology)
  - ✓ Plus the T1015 code for the encounter eligible services.
  - ✓ There is currently no change to adding the ICD-9 diagnosis code on each claim (except dental).
  - ✓ Claims will require the tribal modifiers on all service lines on the claim (except dental).
- ➤ This change will make Tribal billing consistent with FQHC billing methodology.
- Maximum payment for this will be capped at your encounter rate.

# Tribal Code Billing Model Effective October 1, 2012 (Dates of Service)

| Claim<br>Line | HCPCS Procedure Encounter Code | CPT/HCPCS/CDT Encounter Service(s) Rendered   | Claim Line   |
|---------------|--------------------------------|---|--|
| 1             | XXXXX                          | Bill the corresponding fee-<br>for-service code(s) of the<br>underlying service being<br>performed. | Bill the clinic's usual and customary rate for the service rendered. |
| 2             | T1015 Encounter                |   | Bill \$0 or \$316.00 (doesn't matter)                                |
|               |                                | Add additional lines as necessary.  |  |

## Tribal Code Billing Model — Encounter Services

- For a health care service to qualify as an encounter, it must meet all the following criteria. The service must be:
  - ✓ Medically necessary.
  - ✓ Face-to-face.
  - ✓ Identified in the Medicaid State Plan as a service that is:
    - Covered by the Agency;
    - Performed by a health care professional within their scope of practice.
    - The health care professional must be enrolled with Medicaid and loaded in ProviderOne.
  - ✓ Documented in the client's file in the provider's office.
  - ✓ Performed in the health care facility identified on the IHS facility list; or
  - ✓ Performed at other locations where tribal facility supported activities are performed by qualified clinic staff.

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## **Tribal Code Billing Model- Non Encounter Services**

- > Services that don't qualify as an encounter include:
  - ✓ Clients that have state only program coverage.
  - ✓ Blood draws, laboratory tests, and/or x-rays, are bundled in the encounter service. If provided outside of an encounter visit bill fee-for-service (FFS).
  - ✓ Drugs or medication treatments provided during a clinic visit are part of the IHS encounter rate.
  - ✓ Case management services:
    - Maternity Support Services/Infant Case Management;
    - HIV/AIDS Case Management.
  - ✓ DME supplies



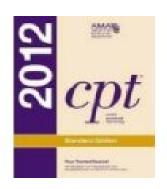
#### Tribal Code Billing Model-Non Encounter Services

Services that don't qualify as an encounter include:

- ✓ The code of the underlying service must **not** be one of the following:
  - **36400-36425**
  - **36511-36515**
  - **38204-38215**
  - **70000-79999**
  - **80000-89999**
  - **90281-90799**
  - D0210, D0220, D0230, D0240, D0270, D0272, D0274, D0321,
     D0330, D0460, D0501
  - All J codes
  - P3000-P3001
  - All Q codes
  - All S codes (except S9445-S9470 [inclusive])
  - ✓ Note: Code-sets may change in the future
  - ✓ Non-encounter eligible covered codes can be billed FFS without the encounter code.

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- CPT (Current Procedural Terminology) coding claims
  - ✓ Physician claims
  - ✓ Mental Health claims
  - ✓ Chemical Dependency claims
- Plus the T1015 code for the encounter eligible services.
- > The current CPT manual looks like this:

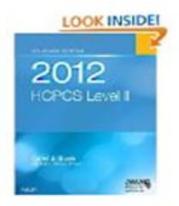


✓ This coding manual may be purchased at any large book store or online book store (like amazon).



- HCPCS (Healthcare Common Procedural Coding System) coded claims:
  - ✓ Physician
  - ✓ Mental Health

- ✓ Chemical Dependency
- ✓ DME Supplies
- ✓ Ambulance
- ✓ Plus the T1015 code for the encounter eligible services.
- The current HCPCS manual looks like this:



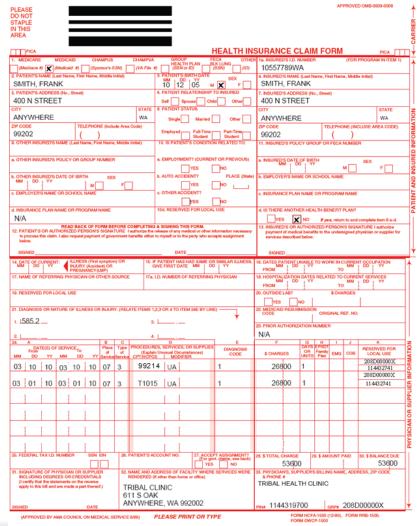
✓ This coding manual may be purchased at any large book store or online book store (like amazon).



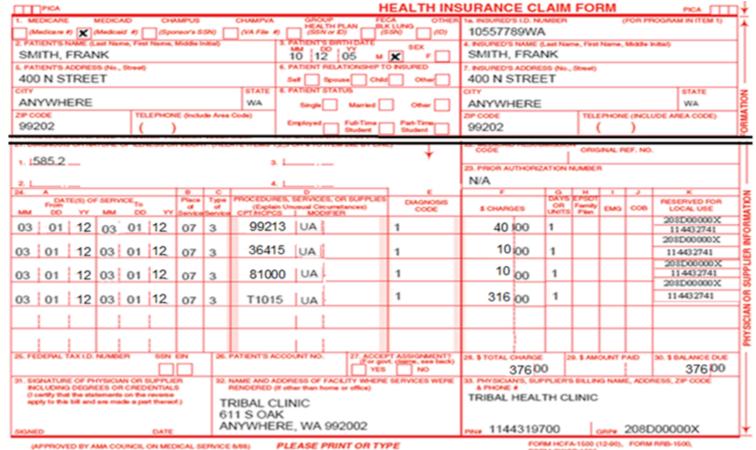
# **Tribal Code Billing Model - Professional**

Tribal Providers Billing CPT or HCPCS codes will bill using the:

- DDE Professional claim form.
- ✓ Submit electronic batch claims using the professional claim format.
- ✓ CMS-1500 paper claim form. The Agency prefers electronic billing.



Illustrative example lines of a Medical claim form (please bill electronically or DDE)



How ProviderOne pays the previous slide claim example.

#### MEDICAL VISIT:

#### Procedure Codes Billed

#### Fee schedule Allowed Amount

| Line 4.  | T1015 - UA    | - Tribal | Encounter Value | \$<br>271.61 |  |
|----------|---------------|----------|-----------------|--------------|--|
| Total Fe | ee Schedule A | llowed A | mount:          | \$<br>44.39  |  |
|          |               |          | st              |              |  |
|          |               |          | Visit<br>Draw   |              |  |

**Note:** Line allowed amounts are for an adult from the current fee schedule.

#### **Explanation of Payment:**

In this example, the total Fee Schedule Allowed Amount is less than the T1015 Encounter Rate. ProviderOne will calculate the T1015 claim line value and pay it at Encounter Rate minus the total allowed amount for each line or \$316.00-\$44.39 = \$271.61. The total amount paid on the claim for all procedure codes, including the T1015 will equal the encounter rate of \$316.00. Washington State
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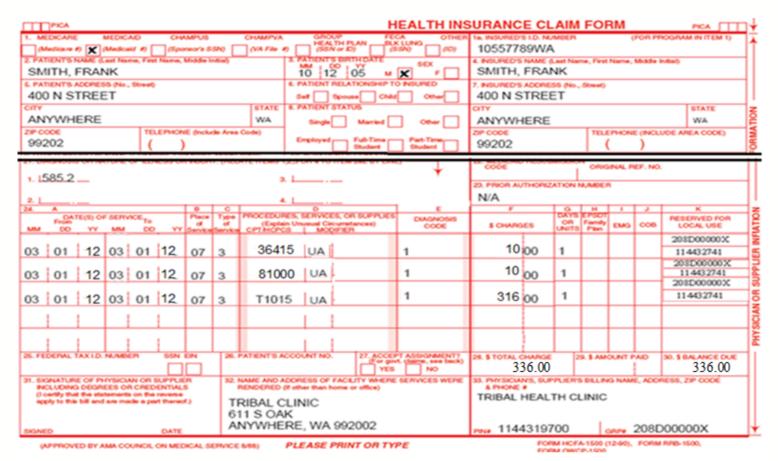
# Tribal Code Billing Model — How to Read the Remittance Advice

- > Below is a copy of a possible claim on a Medical RA.
  - ✓ Each claim line shows the code and paid amount (\$63.59 total).
  - $\checkmark$  The Encounter line shows the paid value (\$316.00-\$63.59).
  - ✓ Total claim payment is the Encounter Rate or \$316.00.

| TCN /<br>Claim Type /<br>RX Claim # /<br>Inv # /<br>Auth # | #   | Rendering<br>Provider /<br>RX # /<br>Auth office # | Date(s)                   | Svc Code or<br>NDC /<br>Mod /<br>Rev & Class<br>Code | Total Units<br>or<br>D/S | Billed<br>Amount | Allowed<br>Amount | Sales Tax | TPL<br>Amount | Client<br>Responsible<br>Amount | Paid Amount | Remark<br>Codes |                 |
|--|-----|--|---------------------------|--|--------------------------|------------------|-------------------|-----------|---------------|---------------------------------|-------------|-----------------|-----------------|
| Professional Claim   | 1   |  | 08/13/2012-<br>08/13/2012 | 99214  | 1.0000                   | \$150.00         | \$57.00           | \$0.00    | \$0.00        | \$0.00                          | \$57.00     | Su              | m of Paid       |
| Professional Claim   | 2   |  | 08/13/2012-<br>08/13/2012 | 85610  | 1.0000                   | \$5.29           | \$4.28            | \$0.00    | \$0.00        | \$0.00                          | \$4.28      |                 | 57.00<br>54.28  |
| Professional Claim   | 3   |  | 08/13/2012-<br>08/13/2012 | 36416  | 1.0000                   | \$10.00          | \$2.31            | \$0.00    | \$0.00        | \$0.00                          | \$2.31      | +>              | 52.31<br>563.59 |
| Professional Claim   | 4   |  | 08/13/2012-<br>08/13/2012 | T1015  | 1.0000                   | \$0.00           | \$316.00          | \$0.00    | \$0.00        | \$0.00                          | \$252.41    | 1               |                 |
|  | Doc | ument Total:                                       | 08/13/2012-0              | 8/13/2012  | 4.0000                   | \$165.29         | \$379.59          | \$0.00    | \$0.00        | \$0.00                          | \$316.00    | )               | State Carity    |

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➤ Illustrative example lines of a Medical claim form – no encounter services (please bill electronically or DDE)



How ProviderOne pays the previous slide claim example.

#### MEDICAL VISIT non-encounter:

|          |               | - Blood Draw              |            |
|----------|---------------|---------------------------|------------|
| Total Fe | ee Schedule A | llowed Amount:            | \$<br>5.76 |
| Line 3.  | T1015- UA     | - Tribal Encounter Value  | \$<br>0.00 |
| ,        | Total Claim   | Payment (\$5.76 + \$0.00) | \$<br>5.76 |

#### **Note:** Line allowed amounts are for an adult from the current fee schedule.

Fee schedule Allowed Amount

#### **Explanation of Payment:**

Procedure Codes Billed

In this example, the total Fee Schedule Allowed Amount is less than the T1015 Encounter Rate. However since there are no payable encounter services on the claim the encounter line was denied and the claim paid \$5.76. This can happen also if the encounter service is denied and the supplement codes would then pay at their allowed amounts (the encounter code would deny in this case also). Washington State
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#### How do tribes bill for immunizations?

- > Children
  - ✓ If the Immunization is free from the Health Department
    - The Agency only pays the administration fee
    - Bill the Immunization code with modifier SL
    - e.g. 90707 **SL** and it currently pays \$5.96.
    - Be sure to also add the appropriate tribal modifier
  - ✓ Immunizations not free from DOH
    - Bill the Agency with the immunization code(s)
    - Add the administration code(s) as a second line
      - 90471 for admin of one immunization
      - 90472 for the admin of two or more immunizations
- Adults
  - ✓ Immunizations are not free for adults so bill them the same as the not free ones for children.
- If Immunizations are done the same day as a qualified encounter visit they are bundled in the encounter visit and listed on the same claim.



#### How do tribes bill Medicare crossover claims?

- ➤ DDE crossover claims will require all the same code lines that were billed to Medicare plus an encounter line (if the service is encounter eligible).
  - ✓ The Medicare payment data is entered at the claim level.
  - ✓ As each line of code is added to the claim, that line's Medicare data is also added.
  - ✓ Add the T1015 encounter code line and the Medicare allowed/paid/coinsurance/deductible amounts on that line will be \$0 each however the Medicare paid date is still required.
  - ✓ The line level sum of the Medicare payment data must total the same as the claim level entries.
  - ✓ Payment is up to the encounter rate.



How do the tribes bill Commercial Insurance secondary claims?

- ➤ There is no change in the overall process to bill secondary claims however:
  - ✓ Now claims will require all the same code lines that were billed to insurance company;
  - ✓ Plus an encounter line if the services billed are encounter eligible.
  - ✓ Tribal modifiers will need to be added.
  - ✓ The insurance payment data is entered at the claim level.
  - ✓ If all insurance information is entered, add the claim note "Electronic TPL" and no EOB is required from the insurance.
  - ✓ Payment will be up to the encounter rate.
- Claims will now be subject to all insurance edits in ProviderOne.
- Go to web page <a href="http://hrsa.dshs.wa.gov/provider/webinar.shtml">http://hrsa.dshs.wa.gov/provider/webinar.shtml</a> to find the webinar presentation for entering commercial insurance secondary claims to the Agency.
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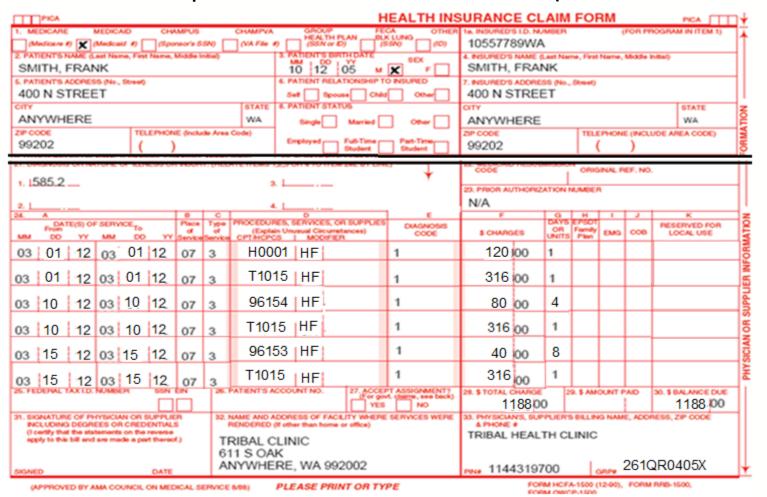
How do the tribes bill for the MCO wrap around payment?

- Enter the MCO payment as if it were a commercial insurance payment.
  - ✓ Enter the same code lines that were billed to the MCO;
  - ✓ Plus the encounter line if the services billed are encounter eligible.
  - ✓ Tribal modifiers will need to be added.
  - ✓ The MCO payment data is entered at the claim level.
  - ✓ If all the MCO information is entered, add the required note "AI/AN MC tribal encounter".
  - ✓ Only claims for AI/AN tribal members qualify for the wrap around payment.
  - ✓ Payment will be up to the encounter rate.



# **Example of a Chemical Dependency Claim**

> Illustrative example lines of a CD claim form (3 dates of service).



# **Example of a Chemical Dependency Claim**

➤ How ProviderOne pays the previous slide claim example.

#### Procedure Codes Billed

#### Fee Schedule Allowed Amount

|  | - Chemical Dependency Assessment  | \$<br>200.83 |
|--|---|--------------|
|  | - Individual Therapy (1 hr.)  | \$<br>238.96 |
|  | - Group Therapy (2 hrs.)<br>- Tribal Encounter (\$316-\$38.56=\$277.44)<br>Line 5&6 To Pay \$ 316 | \$<br>277.44 |

**Note:** Line allowed amounts are for an adult from the current fee schedule.

Claim Fee Schedule Allowed Amount:

230.77

Claim Tribal Encounter Value Amount:

\$ 717.23

Total Claim Payment (\$230.77+\$717.23)

\$ 948.00

#### **Explanation of Payment:**

In this example, the system calculates the Fee Schedule Allowed Amount for each line then subtracts that from the encounter rate and comes up with the encounter value. All 3 lines are then totaled for the final payment of 3 encounter rates or \$948.00. Washington State Health Care A

#### **Example of a CD Claim -How to Read the Remittance Advice**

- Below is a copy of our example claim on the CD RA.
  - Each claim line shows the code and paid amount for 3 dates.
  - The Encounter lines show the paid value (in paid column).
  - Total claim payment is 3 Encounter Rates or \$948.00.
  - Remember, allowed amount is not the paid amount.

| TCN /              | Line | Rendering     | Service      | Svc Code or | Total Units | Billed    | Allowed   | Sales Tax | TPL    | Client      | Paid Amount | Remark |
|--------------------|------|---------------|--------------|-------------|-------------|-----------|-----------|-----------|--------|-------------|-------------|--------|
|                    | #    | Provider /    | Date(s)      | NDC /       | or          | Amount    | Amount    |           | Amount | Responsible |             | Codes  |
| RX Claim #/        | l    | RX # /        |              | Mod /       | D/S         |           |           |           |        | Amount      |             |        |
| Inv #/             | l    | Auth office # |              | Rev & Class |             |           |           |           |        |             |             |        |
| Auth #             |      |               |              | Code        |             |           |           |           |        |             |             |        |
|                    | 1    |               | 03/01/2012-  | H0001       | 1.0000      | \$120.00  | \$115.17  | \$0.00    | \$0.00 | \$0.00      | \$115.17    |        |
| Professional Claim |      |               | 03/01/2012   |             |             |           |           |           |        |             |             |        |
|                    | 2    |               |              | T1015       | 1.0000      | \$316.00  | \$316.00  | \$0.00    | \$0.00 | \$0.00      | \$200.83    |        |
| Professional Claim |      |               | 03/01/2012   | HF          |             |           |           |           |        |             |             |        |
| 1                  | 3    |               | 03/10/2012-  | 96154       | 4.0000      | \$80.00   | \$77.04   | \$0.00    | \$0.00 | \$0.00      | \$77.04     |        |
| Professional Claim |      |               | 03/10/2012   | HF          |             |           |           |           |        |             |             |        |
| Ī                  | 4    |               |              | T1015       | 1.0000      | \$316.00  | \$316.00  | \$0.00    | \$0.00 | \$0.00      | \$238.96    |        |
| Professional Claim |      |               | 03/10/2012   | HF          |             |           |           |           |        |             |             |        |
|                    | 5    |               | 03/12/2012-  | 96153       | 8.0000      | \$40.00   | \$38.56   | \$0.00    | \$0.00 | \$0.00      | \$38.56     |        |
| Professional Claim |      |               | 03/12/2012   | HF          |             |           |           |           |        |             |             |        |
|                    | 6    |               | 03/12/2012-  | T1015       | 1.0000      | \$316.00  | \$316.00  | \$0.00    | \$0.00 | \$0.00      | \$277.44    |        |
| Professional Claim |      |               | 03/12/2012   |             |             |           |           |           |        |             |             | Ļ      |
| _                  | Doc  | ument Total:  | 06/07/2011-0 | 6/28/2011   | 16.0000     | \$1188.00 | \$1178,77 | \$0.00    | \$0.00 | \$0.00      | \$948.00    | 1      |

# **Example of a Mental Health Claim**

> Illustrative example lines of a MH claim form.

| PICA   | HEALTH INS  | SURANCE CLAIM FORM PICA T  | $\sqcap \psi$      |
|--|---|--|--------------------|
| 1. MEDICARIE MEDICARD CHAMPUS  (Medicare #) X (Medicaid #) (Sponeo's SS  2. PATIENT'S NAME (Last Name, First Name, Middle Internation of SMITH, FRANK  6. PATIENT'S ACCRESS (No., Street)  400 N STREET  CITY  ANYWHERE  ZP CODE TELEPHONE (Include 199202 ( ) | CHAMPVA GROUP FECA OTHER  N) (VA Fair #) (SSN or ID) (SSN) (ID)  SI PATIENT'S BIRTH DATE  MM CO   | 1a. INSURED'S LD. NUMBER (FOR PROGRAM IN ITEM 1) 10557789WA 4. INSURED'S NAME (Last Name, First Name, Middle Initial) SMITH, FRANK 7. INSURED'S ADDRESS (No., Street) 400 N STREET CITY ANYWHERE ZP CODE TELEPHONE (INCLUDE AREA CODE) 99202 | ORMATION           |
| , µ296 30  | a. L  | CODE ORIGINAL REF. NO.  22. PRIOR AUTHORIZATION NUMBER N/A   | $\exists$          |
| From To of   | C D Type PROCEDURES, SERVICES, OR SUPPLIES OLAGNOSIS (Explain Unusual Circumstances) of CODE CONTROL OF MODIFIER                          | F G H I J K DAYS EPSOT OR Family Plan COB RESERVED FOR LOCAL USE 2084P0800X  | MATION .           |
|  | 3 90802   HE   1  | 125 (00 1 114432741<br>2084P0800X  | NEORMATION         |
| 03 (01 12 03 01 12 07  | 3 11015 [HE] 1  | 316 00 1 114432741   | SICIAN OR SUPPLIFE |
|  |   |  | ANOR               |
|  |   |  | PHYSIC             |
| 26. FEDERAL TAX LD. NUMBER SSN EIN   | 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claime, see back) YES NO  | 28. \$ TOTAL CHARGE 29. \$ AMOUNT PAID 30. \$ BALANCE DUE 441   00   |                    |
| SIGNATURE OF PHYSICIAN OR SUPPLIER     NOLUDING DEGREES OR CREDENTIALS     (I certly that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED DATE  | 122. NAME AND ADDRESS OF FACULTY WHERE SERVICES WERE RENDERED (if other than home or office)  TRIBAL CLINIC 611 S OAK ANYWHERE, WA 992002 | TRIBAL HEALTH CLINIC   | ļ                  |

## **Example of a Mental Health Claim**

How ProviderOne pays the previous slide claim example.

#### MENTAL HEALTH VISIT:

#### Procedure Codes Billed

#### Fee schedule Allowed Amount

| Line 1. | 90802-HE | -Diagnostic Interview Exam (Child) | \$<br>90.41  |
|---------|----------|------------------------------------|--------------|
| Line 2. | T1015 HE | -Tribal Encounter Value            | \$<br>225.59 |
|         |          |                                    |              |

Total Claim Payment (\$90.41 + \$225.59) \$ 316.00

**Note:** Line allowed amounts are for a child from the current fee schedule.

#### **Explanation of Payment:**

In this example, the total Fee Schedule Allowed Amount is less than the T1015 Encounter Rate. ProviderOne will calculate the T1015 claim <u>line</u> value and pay it at Encounter Rate minus the total allowed amount for line 1 or \$316.00-\$90.41=\$225.59. The total amount paid on the claim for all procedure codes, including the T1015 will equal the encounter rate of \$316.00.



# **Tribal Code Billing Model - Dental**

- > CDT (Current Dental Terminology) coding claims
  - ✓ Dental claims
  - ✓ Orthodontic claims
- Plus the T1015 code for the encounter eligible services.
- The current CDT manual looks like this:



✓ This coding manual may be purchased at any large book store or online book store (like amazon).



- Tribal Providers Billing CDT codes will bill using the:
- ✓ DDE Dental claim form.
- ✓ Submit electronic batch claims using the Dental claim format.
- ✓ ADA-2006 paper claim form.
- ✓ There is <u>no</u> modifier on a dental claim. Use these two new EPA numbers to indicate tribal/nontribal clients.
- 870001305 = Native member
- 870001306 = Non-Native

| POLICYHOLDER/SUBSCRIBER BRORMATION   |                     |
|--|---------------------|
| BISURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  5. Company/Plan Name, Address, City, State, Zip Gode  15. Date of Swin dAMADD/CCYYY  15. Policyholder/Suborible Name  15. Policyholder/Suborible Name  16. Swin dAMADD/CCYYY  17. Date of Swin dAMADD/CCYYY  18. Policyholder/Suborible Name  19. Policyhold |                     |
| POLICYHOLDER/SUBSCRIBER BYFORMATION (For Insurance Company No. 12. Proteglum hartine Present Plan Information Number  POLICYHOLDER/SUBSCRIBER BYFORMATION (For Insurance Company No. 12. Protegluder/Subscriber Name (Lad. First, Middle Inflat, Suffel, Address, Clay, State, J. 18. Protegluder/Subscriber Name, Address, Clay, State, J. 18. Protegluder/Subscriber, Name, Address, Clay, State, J. 18. Protegluder/Subs |                     |
| 2. Pred obsermination / Preductive licens Number  POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company In 18. Prologhed devial accordance Name (Last, First, Made Initial, Suffet), Accress, City, Stress.  10. Company/Plan Name, Address, City, Stress, Zey Coule  11. Date of Swith (AMMODICCYY)  12. Date of Swith (AMMODICCYY)  13. Date of Swith (AMMODICCYY)  14. Gender  15. Policyholder/Subscriber Name  16. Prologhed (Russer)  17. Date of Swith (AMMODICCYY)  18. Policyholder/Subscriber Name  19. Policyholder/Subscriber Name  10. Organiy/Plan Name, Address, City, Stress, Zey Coule  10. Organiy/Plan Name, Address, |                     |
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| 18. Prologharden/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, States.  18. Prologharden/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, States.  18. Prologharden/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, States.  19. Prologharden/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, States.  19. Prologharden/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, States.  19. Date of State (MM/DDICOYY)   |                     |
| INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  3. Company/Plan Name, Address, City, State, Zip Gode  13. Date of Birth (MMND/CCCYY)  03/07/2001  14. Gender  15. Polisy-holder/Subcomber 50  2003/33555W.  |                     |
| CompanyPlan Name, Address, City, State, Zip Gode     13. Date of State MMNDG/CCYYY   |                     |
| 13. Date of Birth (MMN(DICCYY)    14. Gender    15. Policy bioleter/Subscriber (B    03/07/2001    □ M □ F    200333555W.  |                     |
| 03/07/2001 ⊠ <sub>M</sub> □r 200333555W  |                     |
| 03/07/2001 ⊠ <sub>M</sub> □r 200333555W  |                     |
| 03/07/2001 ⊠ <sub>M</sub> □r 200333555W  | DESSENT OF IDE      |
|  |                     |
| OTHER COVERAGE 16. Plen/Group Number 17. Employer Name   | -                   |
|  |                     |
| 4. Other Devital or Medical Covorage? No (Skip 5-11) Yea (Coraphite 5-11)  |                     |
| 5. Name of Policyholder/Subscriber in #4 (Last, Pirst, Middle Initial, Suffix)  PATIENT INFORMATION  |                     |
| 16. Relationship to Policycolder/Sultracriter in ₹12 Above 19. Student   |                     |
| 6. Date of Birth (NW/DDXCCYY) 7. Gender 8. Policyholder/Subscriber ID (SSN or ID#) X Self Spouse Dependent Child Other FTS   | PTS                 |
| M F 20. Name (Lest, First, Middle Initial, Suffix), Address, City, State, Zip Code   |                     |
| Plan/Group Number 10. Patient's Relationship to Person Named in #6   |                     |
| Self Spouse Dependent Other  |                     |
| 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Godis  |                     |
|  |                     |
| 21. Date of Birth (MM/DDACCYY) 22. Gender 23. Patient ID/Account # (Assign   | gned by Dentist)    |
|  |                     |
| RECORD OF SERVICES PROVIDED  |                     |
|  | T                   |
| 24. Procedure Date   25. Area   26.   27. Tooth Number(s)   20. Tooth (MMDDICCYY)   Carly System or Letter(s)   Sustage   Code   50. Description   | 31. Fee             |
|  | 85.00               |
|  | 10.00               |
| 2 12/10/2011 D0220 PERIAPICAL - FIRST<br>3 12/10/2011 D0230 PERIAPICAL - EA  | 5 00                |
| 1 12/10/2011 D0250 PERIAPICAL - EA   |                     |
| 4 12/10/2011   | 0:00                |
|  | +                   |
| 6  | $\vdash$            |
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| 6  | <u> </u>            |
| D  |                     |
| 10   | <u> </u>            |
| MISSING TEETH INFORMATION Prinsey 32. Other  |                     |
| 94. (Place an X on each missing tooth) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 A B C D E F G H I J Fee(6)   |                     |
| 32 31 30 29 28 27 25 25 24 23 22 21 20 19 16 17 T S R Q P O N M L K 33.Total Fee   | 100.0               |
| 35. Remains  |                     |
|  |                     |
| AUTHORIZATIONS ANCILLARY CLAIM/TREATMENT INFORMATION   |                     |
| 36. I have been informed of the treatment plan and associated fees, I agree to be responsible for all otherwise from the treatment of the treatment plan and associated fees, I agree to be responsible for all otherwise for clerk associated fees, I agree to be responsible for all otherwise for clerk associated fees, I agree to be responsible for all otherwise for clerk associated fees, I agree to be responsible for all otherwise feet and majorists not need by my dental benefit plan, unless prohibited by law, or   | ss (00 to 99)       |
| S6. I have been informed of the Insertment gleen and sexociated fixes. I agree to be responsible for all designs for clearly already certified in excitation and sexociated fixes. I agree to be responsible for all designs for clearly already certified or designs for clearly and persistent in expensible services and misconsistent agreement with any plan prohibiting at let a go into not fixed to the control of  | Seat Moseum         |
| such charges. In the extent permitted by law, I content to your uses and discourse of my protected health<br>information to carry out general addition in companion with this dation.  | (MMIDDI/DCYY)       |
| No (Size 41-42) Vos (Complete 41-42)   |                     |
|  | MMDDWCVV            |
| Potient/Guardian signature Date 42. Months of Treatment 43. Replacement of Prothesis? 44. Date Prior Placement () Remaining No Vos (Complete 44)   | man Discours)       |
|  |                     |
| dentist or dental entity.  46. Treatment Resulting from  |                     |
| X Occupational Hissas/Injury Auto accident Other accident  |                     |
| Subscriber signature Date 46. Date of Accident (MM/DD/CCYY) 47. Auto Accident (MM/DD/CCYY)   | nt stale            |
| BILLING DENTIST OR DENTAL ENTITY (Leave itsnik if dentiet or dental entity is not submitting TREATING DENTIST AND TREATMENT LOCATION INFORMATION   |                     |
| claim on behalf of the potient or insured/subscriber)  53.1 hereby certify that the procedures as indicated by date are in progress (for procedures that visits) of itsele been completed.   | it require multiple |
| 48. Name, Address, City, State, Zip Code   |                     |
| TRIBAL DENTAL CLINIC X JOE SMITH, DDS  |                     |
| Signed (Treating Dentist) Date   |                     |
| 54. NFI 1517770072   55. License Number  |                     |
| 58. Address, City, State, Zip Code Sexual 122300000  | 0X                  |
| 48. NPI 50. License Number 51. SSN or TIN  |                     |
| 1881112228   |                     |
|  |                     |
| 52, Phone ( ) - 594, Additional 122300000X 57, Phone ( ) - 58, Additional Provider 15 Provider 15  |                     |

# **Tribal Code Billing Model - Dental**

> Illustrative example lines of a Dental claim form.

| William of the contract of the con-  |  |  | _   | -  |                              |  | _  |   |  |                  |  | 1                                      | 11680-1  |  |   | 1000   | 000  |   | 10.00                            | 2108          |                                      | 0.00                 | 2,600          | 100  | 100               | Ury, Stat  | 0000          |   |
|--|--|--|---|--|------------------------------|--|--|---|--|------------------|--|--|--|--|---|--|--|---|----------------------------------|---------------|--------------------------------------|----------------------|----------------|--|-------------------|--|---------------|---|
| . Type of Transaction (Mark  | all applical   | ble bows   | 16)   | 11   |                              |  |  |   |  |                  |  | ŧ                                      |  |  |   |  |  |   |                                  |               |                                      |                      |                |  |                   |  |               |   |
| Statement of Actual Se   | rvices   |  | Re  | quest k  | ir Pe                        | ecletermi  | inatio   | n/Pm  | author   | rizulio          | n  | 1                                      |  |  |   |  |  |   |                                  |               |                                      |                      |                |  |                   |  |               |   |
| EPSDT/Title XIX  | 25.05.050  | 1000   |   |  | 15.00                        |  | 1-11   | 0.040000  | Dycton   |                  |  | 1                                      |  |  |   |  |  |   |                                  |               |                                      |                      |                |  |                   |  |               |   |
|  |  |  |   |  |                              |  | _  |   |  |                  |  | 1                                      | Date of  |  |   |  | 200.00   |   |                                  |               | 2                                    | -                    | ar make        |  | -                 | - Annah a  | 100 Cal       | ON as IDA                                     |
|  |  |  |   |  |                              |  | 8  | 70  | UU   | 13               | 305                                      |  | 03/0   |  |   |  | AJY Y  | 9   | 14.0                             |               | <br>                                 |                      |                |  |                   | 555V   |               | SN or IDF)                                    |
|  | _  | -  | -   | _  | -                            |  | _  | -   | _  | _                |  | _                                      | JOIC   | ,,,,   |   | 01   |  | _   | 10                               | -             | <u> </u>                             | -                    | 200            | ,00  | -                 | 000  | •             |   |
| 24. Procedure Date   | 26, Aren   | 26.  |   | 97 Too   | m N                          | Limber(s   | ,  | 1 2   | fi. Too  | ı Dı             | 29. Proces                               | aire.                                  | _  |  |   |  |  |   | 12075                            |               | 2002                                 |                      |                |  |                   |  | Т             | 84/200  |
| (MIMODICCYY)   | Of One   | Tooth<br>System  |   | or   | Latte                        | er(s)  |  |   | Surfac   |                  | Code                                     |  |  |  |   |  |  |   | 30. D                            | escri         | ption                                |                      |                |  |                   |  |               | 21. Fee                                       |
| 12/10/2011   |  | 201100   |   | 2001   |                              | 75 55 5  |  |   |  |                  | D015                                     | 0                                      |  | ΠIN  | IA  | LE   | ΞX   | AN  |                                  |               |                                      |                      |                |  |                   |  |               | 85.00   |
| 12/10/2011   |  |  |   |  |                              |  |  |   |  |                  | D022                                     | 20                                     | F  | EF   | RIA   | \PI  | C  | AL .  | FI<br>E                          | RS            | ST                                   |                      |                |  |                   |  |               | 10.00   |
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| 12/10/201  | 1]   |  |   | 2015   |                              |  |  |   |  |                  | T10                                      | 5                                      |  |  | -20   |  |  |   |                                  |               |                                      |                      |                |  |                   |  |               | 0:00  |
| MISSING TEETH INFOR  | MATION   |  | -   |  |                              |  |  | Per   | sarner!  |                  |  |  |  |  | $\perp$   |  |  |   | P                                | riesar        |                                      | _                    |                |  | a                 | c. Other   | Т             |   |
| 4. (Place an 'X' on each mis-  | store toods)   | 1  | 5   | 3  | 4                            | 5 6  | 7  | 0   | 9  | 10               | 11 12                                    | 13                                     | 14   | 15 1   | 6   | A  | B  | Ç I   | ) E                              | ,             | G                                    | ,                    | 1 1            | 1  | L                 | Fee(s)   | 1             |   |
| C Proce of A Girtharina  |  | 36   | 31  | 30 8   | 19                           | 28 27  | 25   | 25  | 24   | 23               | 22 21                                    | 20                                     | 19   | 16 1   | 7   | T  | 5  | R   | 2 P                              | 0             | N                                    |                      | 0 L            | K  | 30                | a.Total Fe   | 0             | 100.0   |
| AUTHORIZATIONS  6. I have been informed of the   | he treatme   | nt plan a  | and s   | specials<br>my der   | ed fo                        | es, I agr  | oe to  | De rec  | ponsi  | ble to           | v alt                                    | -                                      | NCtLL<br>Place   | -  |   | -  | RE   | ATME  | NT IN                            | FO            | RMAT                                 | ION                  |                | Num<br>fledo   | bor               | of Englos  | ures l        | (00 to 99)<br>si Note(s)                      |
| 6. I have been informed of the   | nd materia   | is not pe  | aid by  | may der  | tial t                       | benefit pi   | ian, v   | intess (  | prohib   | ited b           | ry laxx, or                              | 38                                     | Place  | at Tre   | estime  | erst   |  |   | 2000                             |               | 2013                                 |                      | 30             | Num<br>Hedo  | bor               | of Endo  | uren<br>knage | (00 to 99)<br>N Modella)                      |
| t6. I have been informed of the<br>thinges for clental services as<br>the treating denties or dental parts of the<br>such changes. To the extent p   | nd materia<br>tractice ha<br>enmitted b  | is not post<br>is a cont<br>y low, I   | aid by<br>tractur<br>conse  | my der<br>al agree<br>ant to yo                            | mai t<br>mor<br>ur u         | benefit pi<br>of with m<br>on and d                | ian, s<br>y pla  | niess j   | prohibi  | all or           | y law, or<br>a portion o                 | 38                                     | Plece  | of Tre   | th O  | erit<br>fice [   | ]+   | lonpita   | 2000                             |               | 2013                                 |                      | 39             |  | _                 |  |               |   |
| 16. I have been informed of the<br>harpes for clental services as<br>he treating clentist or dental p  | nd materia<br>tractice ha<br>enmitted b  | is not post<br>is a cont<br>y low, I   | aid by<br>tractur<br>conse  | my der<br>al agree<br>ant to yo                            | mai t<br>mor<br>ur u         | benefit pi<br>of with m<br>on and d                | ian, s<br>y pla  | niess j   | prohibi  | all or           | y law, or<br>a portion o                 | 38                                     | Place<br>X Pr  | of Tre   | to Co   | enit<br>filos [<br>Ortho   | ] H  | lospits   |                                  | CF            |                                      |                      | 39             |  | _                 |  |               | DO to 99)<br>N Notation<br>MUDISIDICYY)       |
| 6. I have been informed of the person of the treating denties or denties and order a unit charges. To the extent payments on the extent payments of the extent payments of the extent payments.  | nd materia<br>tractice ha<br>enmitted b  | is not post<br>is a cont<br>y low, I   | aid by<br>tractur<br>conse  | my der<br>al agree<br>ant to yo                            | mai t<br>mor<br>ur u         | benefit pi<br>of with m<br>on and d                | ian, s<br>y pla<br>secto   | niess ;<br>n proh<br>eure of                    | prohibi  | all or           | y law, or<br>a portion o                 | 40                                     | Place   X   Pr   | of Tre<br>rovides<br>stresso<br>y (Ski   | to Or   | erel<br>Rice [<br>Ortho<br>42)                                       | ] H  | loepita<br>cs?<br>Yes (   | Compl                            | ocr           | 1-42)                                | Sther                | 41.0           | Date A   | opile             | ance Plac  | ed (M         | MIDDELECTY                                    |
| t6. I have been informed of the<br>thinges for clental services as<br>the treating denties or dental parts of the<br>such changes. To the extent p   | nd materia<br>tractice ha<br>enmitted b  | is not post<br>is a cont<br>y low, I   | aid by<br>tractur<br>conse  | my der<br>al agree<br>ant to yo                            | mai t<br>mor<br>ur u         | benefit pi<br>of with m<br>on and d                | ian, s<br>y pla<br>secto   | niess j   | prohibi  | all or           | y law, or<br>a portion o                 | 40                                     | Place<br>X Pr  | of Tre   | to Or   | erel<br>Rice [<br>Ortho<br>42)                                       | donti  | lospita<br>cs?<br>Yes (<br>Repisc   | Comple                           | of P          | 1-42)                                | Other<br>uis?        | 41.0           | Date A   | opile             | ance Plac  | ed (M         |   |
| 6. I have been informed of tharpes for clental services a<br>charges for clental services as<br>the treating dentiet or dental such charges. To the celerit plantenation to carry out player<br>information to carry out player<br>or control of the celerity of the celerity of the<br>resident//Guerdian eignature.  | nd materia<br>practice ha<br>enmitted b<br>ent activiti  | ts not po<br>is a com<br>y tow, i<br>on in co  | aid by<br>fractur<br>conse<br>nnecti  | my der<br>ni agrec<br>ent to yo<br>ion with                | mar un<br>who<br>who<br>who  | benefit pi<br>nt with as<br>see sind d<br>i claim. | lan, v<br>y plu<br>secto   | n proh<br>eure of<br>atn                        | prohib<br>biting<br>my p   | all or<br>rolect | ry law, or<br>a portion o<br>ad health   | 40.                                    | Is Tre   | of Tre<br>rovides<br>stress<br>o (Sta<br>ining   | for out   | ent<br>Rice [<br>Ortho<br>42)<br>Hent                                | domb   | loepita<br>cs?<br>Yes (   | Compl                            | of P          | 1-42)                                | Other<br>uis?        | 41.0           | Date A   | opile             | ance Plac  | ed (M         | MIDDELECTY                                    |
| 6. I have been informed of thanges for clental services as<br>the treating dentited re-dentited services as<br>the treating dentited re-dentited<br>such charges. To the extent p<br>situation to carry out payers<br>the extent of the carry out payers.  | nd materia<br>practice ha<br>enmitted b<br>ent activiti  | ts not po<br>is a com<br>y tow, i<br>on in co  | aid by<br>fractur<br>conse<br>nnecti  | my der<br>ni agrec<br>ent to yo<br>ion with                | mar un<br>who<br>who<br>who  | benefit pi<br>nt with as<br>se sind d<br>i claim.  | lan, v<br>y plu<br>secto   | n proh<br>eure of<br>atn                        | prohib<br>biting<br>my p   | all or<br>rolect | ry law, or<br>a portion o<br>ad health   | 40.                                    | Place   X   Pr   Is Tree   No.   | of Tre<br>rovides<br>strace<br>o (Ski<br>so of T<br>sining   | for out   | ent<br>flice [<br>Ortho<br>42)<br>ment<br>ting to                    | domini<br>domini<br>43.                                    | cs?<br>Yes (<br>Replac  | Comple                           | of P          | 1-42)                                | 3ther<br>sig?<br>44) | 41.0           | Date A   | opile<br>rior     | ance Plac  | ed (M         | MIDDELECTY                                    |
| 6. I have been informed of tharpes for clental services a<br>charges for clental services as<br>the treating dentiet or dental such charges. To the celerit plantenation to carry out player<br>information to carry out player<br>or control of the celerity of the celerity of the<br>resident//Guerdian eignature.  | nd materia<br>practice ha<br>enmitted b<br>ent activiti  | ts not po<br>is a com<br>y tow, i<br>on in co  | aid by<br>fractur<br>conse<br>nnecti  | my der<br>ni agrec<br>ent to yo<br>ion with                | mar un                       | benefit pi<br>nt with as<br>se sind d<br>i claim.  | plane in m   | n proh<br>eure of<br>atn                        | prohib<br>biting<br>my p   | all or<br>rolect | ry law, or<br>a portion o<br>ad health   | 40.                                    | Place   X   Pr   Is Tree   No.   | of Tre<br>rovides<br>witness<br>o (Siti<br>no of T<br>ining  | for officers  | ent<br>flice [<br>Ortho<br>42)<br>ment<br>ting to                    | dombi  | loopits<br>ics?<br>]Yes (<br>Replac<br>] No [   | Comple                           | of P          | 1-42)<br>roether                     | 3ther<br>sig?<br>44) | 41.0           | Date A   | opile<br>rior     | ] [<br>ance Plac<br>Placemen   | ned (MN       | MEDICICYY)                                    |
| 6. I have been informed of thespes for dental services a<br>harpes for dental services as<br>he treating densited or dental<br>such charges. To the osterit priorities<br>information to carry out payer<br>resent/Guardian signature<br>for the dental entity.  | nd meteria<br>practice ha<br>convitted b<br>ent activiti   | to not price a control of the contro | eid by<br>tractur<br>conne<br>nnecti  | my der<br>all agree<br>ont to yo<br>ion with               | that it                      | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40.<br>42.<br>46.                      | Place   X   Pr   Is Tree   No.   Month   Remo  | of Tre<br>rovides<br>strains<br>o (Site<br>as of T<br>sining<br>ment F<br>coupe<br>of Acc  | for of the City of    | ent<br>flice [<br>Ortho<br>42)<br>ment<br>ting tr<br>(MMA            | donti<br>donti<br>43.                                      | loopits<br>cs?<br>]Yes (<br>Replac<br>] No [<br>jury  | Comple sement                    | of P          | 1-42)<br>roether<br>apiete           | other                | 41.0           | Date A   | opile<br>rior     | Placement  | ned (MN       | MIDDICCYY)                                    |
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| 6. I have been informed of the process as the trade of the process as the trade of  | nd material receives the committed to be committed to be controlled to be  | to not pi<br>di a coni<br>y tew, 1<br>on in co<br>f the don  | eid by<br>tractur<br>conte<br>nnecti  | my der<br>all agree<br>ont to yo<br>ion with               | that it                      | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40.<br>42.<br>46.<br>46.<br>50.        | Please   No.   Is Tree   No.   No.   Please   Trease   Oo.   Date  | of Tre<br>rovides<br>strate<br>or (Sie)<br>no of T<br>ining<br>ment F<br>coupe<br>of Acci  | ris Of for 1    | fice [<br>Ortho<br>42)<br>ment<br>ting to<br>(MA/<br>TIST)           | Hodomia<br>43. Com<br>com<br>com/in/<br>con/in/<br>con/in/ | loopits<br>cs?<br>Yes (<br>Replac<br>Ne [<br>Juny<br>COYY)  | Comple<br>comple<br>ement<br>Yes | ote 4<br>of P | 1-42)<br>roether<br>roplete          | alsy?                | 41.0<br>44.0   | Date A   | opile<br>for      | Placemen  Placem | ed (M)        | MADDIOCYY) MDO/CCYY)                          |
| III. I have been informed of the process as the trade of contral acrosces as the trade of contral acrosces as the trade of contral acrosces or denied to control to c | nd makeria<br>practice has<br>entractively<br>payment of<br>ENTAL I<br>or learned<br>e, Zip Cock   | da not pies a conti<br>es a conti<br>y tem, 1 :<br>es in con<br>y the don<br>y the don<br>y the don  | eid by<br>tractur<br>conte<br>nnecti<br>fail ber<br>(Lec<br>ber)  | my der<br>all agree<br>and to yo<br>ion with<br>nelts oft  | ntal tomor<br>for un<br>thin | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40.<br>42.<br>46.<br>46.<br>50.        | Please   | of Tre rovides strasso r (Sist in of T ining ment F roupe of Acci NG D by cont also be   | ris Of for p 41-<br>roads forms dentile the control of | fice [ Ortho 42) ment ting to (MAA TIST at the ortple                | 43. 43. DOK  | loopits cs? ]Yes ( Repisc ]Ne [ Jury COYY) O TRE  | Complexment Yes                  | of P          | 1-42)<br>roether<br>roplete          | alsy?                | 41.0<br>44.0   | Date A   | opile<br>for      | Placemen  Placem | ed (M)        | MADDIOCYY) MDO/CCYY)                          |
| III. I have been informed of the process as the treating for denial services as he treating for central services as he treating denial for denial services are desired from the treating for the treating for the central formation to carry out payer.  In the control of the central formation of the central formation of denial entity.  In the central formation is a service of the central formation of the central formation of the central formation of the central formation of the postern on behalf of the postern   | nd makeria<br>practice has<br>entractively<br>payment of<br>ENTAL I<br>or learned<br>e, Zip Cock   | da not pies a conti<br>es a conti<br>y tem, 1 :<br>es in con<br>y the don<br>y the don<br>y the don  | eid by<br>tractur<br>conte<br>nnecti<br>fail ber<br>(Lec<br>ber)  | my der<br>all agree<br>and to yo<br>ion with<br>nelts oft  | ntal tomor<br>for un<br>thin | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40. 42. 46. TFF 53. Visit X            | Please   | of Tre<br>rovides<br>simuse<br>or (Skin<br>se of 1<br>sining<br>ment F<br>coupe<br>of Acci<br>NG D<br>by cert<br>tree by   | ris Of for p 41-<br>route deni deni ENT   | ent files [ Ortho 42) ment ting tr it these ont SN                   | 43. 43. DOK  | loopits cs? ]Yes ( Repisc ]Ne [ Jury COYY) O TRE  | Complexment Yes                  | of P          | 1-42)<br>roether<br>roplete          | alsy?                | 41.0<br>44.0   | Date A   | copile<br>rior i  | Placemen  Placem | ed (M)        | MADDIOCYY) MDO/CCYY)                          |
| III. I have been informed of the process as the trade of contral acrosces as the trade of contral acrosces as the trade of contral acrosces or denied to control to c | nd makeria<br>practice has<br>entractively<br>payment of<br>ENTAL I<br>or learned<br>e, Zip Cock   | da not pies a conti<br>es a conti<br>y tem, 1 :<br>es in con<br>y the don<br>y the don<br>y the don<br>y the don   | eid by<br>tractur<br>conte<br>nnecti<br>fail ber<br>(Lec<br>ber)  | my der<br>all agree<br>and to yo<br>ion with<br>nelts oft  | ntal tomor<br>for un<br>thin | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40. 42. 46. TF 53. Visit X . Skg       | Please Is Tree No. Month Perma Treate Oo. Date REATE I hered the) or it  | of Tre- rowides submission or (State no of Y submission or of Y submis | ris Or for out of the     | ent files [ Ortho 42) ment ting to (MAA TIST SN rited)               | 43. 43. Commonwealth                                       | No [] | Complexment Yes                  | of P          | 11-42) continue in piete Auto a LOCA | alsy?<br>44)<br>ATIC | 44. C          | Outo P   | opile<br>from 47. | Placeme Placem | dent (Mh      | MADDICOYY)  MDDICCYYY)  Stale  squire audiple |
| III. I have been informed of the process as the trade of contral acrosces as the trade of contral acrosces as the trade of contral acrosces or denied to control to c | nd makeria<br>practice has<br>entractively<br>payment of<br>ENTAL I<br>or learned<br>e, Zip Cock   | da not pies a conti<br>es a conti<br>y tem, 1 :<br>es in con<br>y the don<br>y the don<br>y the don<br>y the don   | eid by<br>tractur<br>conte<br>nnecti<br>fail ber<br>(Lec<br>ber)  | my der<br>all agree<br>and to yo<br>ion with<br>nelts oft  | ntal tomor<br>for un<br>thin | benefit pi<br>k with m<br>oe and d<br>d daim.      | Di<br>Di<br>Di   | niess ;<br>n proheure of<br>eure of<br>no. dire | prohib<br>biting<br>my p   | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40. 42. 46. 46. TF 50. Viol. 144. 154. | Place  | of The confidence of Skit Straining of Account of Accou | in Oil for     | ent floo [Ortho A2) ment ting to the at the at the striple (MMA) 77( | Hodoma<br>43. (43. (43. (43. (43. (43. (43. (43. (         | No [No COYY) TREedures TH,  | Complexment Yes                  | of P          | 11-42) reether replate Auto a        | aig? 44) , colid     | 41. C<br>44. C | CORMINGE OF THE PROPERTY OF TH | opile<br>from 47. | Placements  | dent (Mh      | MADDICOYY)  MDDICCYYY)  Stale  squire audiple |
| III. I have been informed of the process as the trade of contral acrosces as the trade of contral acrosces as the trade of contral acrosces or denied to control to c | payment of teams of the service of t | da not pies a conti<br>es a conti<br>y tem, 1 :<br>es in con<br>y the don<br>y the don<br>y the don<br>y the don   | ed by institution of the control of | my det<br>mil signe<br>and to ye<br>ion with<br>nellts off | ntal tomor<br>for un<br>thin | consist process of with an one and of chairm.      | Dispersion of the control of the con | niess ;<br>n proheure of<br>eure of<br>no. dire | provide biting in a provide the provide th | all or<br>rotect | ry lews, or<br>a portion o<br>and health | 40. 42. 46. 46. TF 50. Viol. 144. 154. | Nontrease I Place I Property I is Tree I No Tr | of The confidence of Skit Straining of Account of Accou | in Oil for     | ent floo [Ortho A2) ment ting to the at the at the striple (MMA) 77( | Hodoma<br>43. (43. (43. (43. (43. (43. (43. (43. (         | No [No COYY) TREedures TH,  | Complexment Yes                  | of P          | 11-42) reether replate Auto a        | aig? 44) , colid     | 44. C          | CORMINGE OF THE PROPERTY OF TH | opile<br>from 47. | Placeme Placem | dent (Mh      | MADDICCYY) MDDICCYYY) Stale                   |

- Used EPA
   number for
   Tribal member
   (Not in field 2 on this illustration)
- Please only bill electronically!



# **Tribal Code Billing Model - Dental**

> How ProviderOne pays the previous slide claim example.

#### DENTAL VISIT:

EPA Number for Native: 870001305

#### Procedure Codes Billed

#### Fee schedule Allowed Amount

| Line 1.  | D0150     | -Initial Exam                         | \$<br>33.64  |  |
|----------|-----------|---------------------------------------|--------------|--|
| Line 2.  | D0220     | -First Periapical X-Ray               | \$<br>7.92   |  |
| Line 3.  | D0230     | -Each additional Periapical X-Ray (1) | \$<br>2.37   |  |
| Total Fe | e Sched   | ule Allowed Amount:                   | \$<br>43.93  |  |
| Line 4.  | T1015     | - Tribal Encounter Value              | \$<br>272.07 |  |
| -        | Fotal Cla | im Payment (\$43.93 + \$272.07)       | \$<br>316.00 |  |

**Note:** Line allowed amounts are for a child from the current fee schedule.

#### **Explanation of Payment:**

In this example, the total Fee Schedule Allowed Amount is less than the T1015 Encounter Rate. ProviderOne will calculate the T1015 claim <u>line</u> value and pay it at Encounter Rate minus the total allowed amount for each line or \$316.00-\$43.93=\$272.07. The total amount paid on the claim for all procedure codes, including the T1015 will equal the encounter rate of \$316.00. Washington State
Health Care Authority

# Tribal Code Billing Model – Dental How to Read the Remittance Advice

- Below is a copy of our example claim on a Dental RA.
  - ✓ Each claim line shows the code and paid amount (\$43.93 total).
  - $\checkmark$  The Encounter line shows the paid value (\$316.00-\$43.93).
  - ✓ Total claim payment is the Encounter Rate or \$316.00.

| TCN /<br>Claim Type /<br>RX Claim # /<br>Inv # / |     | Rendering<br>Provider /<br>RX # /<br>Auth office # | Service<br>Date(s)        | Svc Code or<br>NDC /<br>Mod /<br>Rev & Class | Total Units<br>or<br>D/S | Billed<br>Amount | Allowed<br>Amount | Sales Tax | TPL<br>Amount | Client<br>Responsible<br>Amount | Paid Amount | Codes                         |
|--|-----|--|---------------------------|--|--------------------------|------------------|-------------------|-----------|---------------|---------------------------------|-------------|-------------------------------|
| Auth #<br>Dental Claim                           | 1   |  | 08/16/2012-<br>08/16/2012 | Code<br>D0150                                | 1.0000                   | \$105.00         | \$33.64           | \$0.00    | \$0.00        | \$0.00                          | \$33.64     | Amounts                       |
| Dental Claim                                     | 2   |  | 08/16/2012-<br>08/16/2012 | D0220  | 1.0000                   | \$38.00          | \$7.92            | \$0.00    | \$0.00        | \$0.00                          | \$7.92      | 1 . 77.32                     |
| Dental Claim                                     | 3   | (a) (b)  | 08/16/2012-<br>08/16/2012 | D0230  | 1.0000                   | \$52.00          | \$2.37            | \$0.00    | \$0.00        | \$0.00                          | \$2.37      | +\$2.37<br>=\$43.93           |
| Dental Claim                                     | 1   |  | 08/16/2012-<br>08/16/2012 | T1015  | 1.0000                   | \$0.00           | \$316.00          | \$0.00    | \$0.00        | \$0.00                          | \$272.07    |                               |
|  | Doc | ument Total:                                       | 08/16/2012-0              | 08/16/2012                                   | 4.0000                   | \$195.00         | \$276.24          | \$0.00    | \$0.00        | \$0.00                          | \$316.00    | ion State<br>1 Care Authority |

> Illustrative example lines of an Ortho Dental claim form.

| 2. Predetermination / Presultionization Number  |                     |         |         |          |       |           |   | Ľ     | POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3) |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|---|---------------------|---------|---------|----------|-------|-----------|---|-------|---|--|---------|-------|--|--|--------|-----------------|-------|-------|-------|--------|--------|---------------|--------|---------|-------|----------|-----|----------------|-------|--------|------|
| 1100221   | 110022188 870001305 |         |         |          |       |           |   |       |   | 12. Policyholden'subscriber Name (Last, First, Middle Initiat, Suffix), Address, City, State, Jip Code |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION   |                     |         |         |          |       |           |   |       |   | ┑  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 3. Company/Plan Name, Address, City, 5  | State, Z            | ip Cod  | Se      |          |       |           |   |       |   |  |         |       | 7  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   | - 1   |   |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   |       |   |  |         |       | L  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           | 1   | 3. D  | ute of  | Birth (1   | UMVI    | evc c | m  | Т  | 14. G  |                 |       |       | 5. Pd | lcyhol | don    | Subscriber ID | (\$3   | l or ID | 4)    |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   |       |   |  |         |       |  |  |        | м               | F     |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| OTHER COVERAGE  |                     |         |         |          |       |           |   | _ 1   | 6. P  | lan/Gr   | oup N   | umbi  | r  |  | 17     | . Emo           | lover | Nam   |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 4. Other Dental or Medical Coverage?  |                     | No (S   | kip 5-  | 11)      |       | ☐ Ye      | e (Ce   | ompl  | leto 5  | -11)   |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 5. Name of Policyholder/Bubacribor in P   | 4 (Lest,            | Firot,  | Middle  | o Initio | ol, O | effix)    |   |       |   |  |         |       | PATIENT INFORMATION  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   |       |   |  |         |       | 1  | 18. Relationship to Pelicyholdre/Subscriber in #12 Above 10. Student State     |        |                 |       |       |       |        |        |               |        |         | Statu | 9        |     |                |       |        |      |
| 6. Date of Dirth (MAVDD/CCYY) 7   | . Guent             | UV.     | 7       | B. Pot   | 6cyh  | Okresialo | ubac  | riber | ID (S   | on e   | or IID  | *)    | 工  | Ε  | Get    | , [             | _ o   | powse | • [   | ] 6    | Najarn | James S.      | Childu |         | 00%   | er       |     |                |       | PTO    |      |
|   | M                   |         |         |          |       |           |   |       |   |  |         |       | 2  | 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| Plan/Group Number 1   | O. Patie            | nt s H  | teistic | nohip    | 10-11 | erson r   | 4gme  | id in | ro.   |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   | Se                  | eff.    |         | lpoure   |       |           | ороле   | dent  |   | ] 04   | thor    |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 11. Other Insurance Company/DerAtl Bo   | enefit Pl           | an Na   | me, A   | ddres    | a, Ci | ty, Stat  | e, Zg   | Co    | de  |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 1   |                     |         |         |          |       |           |   |       |   |  |         |       | -  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   |       |   |  |         |       | 2  | 1. D   | ate of | Birth (         | MMI   | ONC   | YY)   | 1      | 22. Ga | nder          |        | 23      | Pati  | ent IID) | įΑα | count # (Anniq | ned i | y Den  | eer) |
|   |                     |         |         |          |       |           |   |       |   |  |         |       |  |  |        |                 |       |       |       |        |        | м [           | ]F     |         |       |          |     |                |       |        |      |
| RECORD OF SERVICES PROVID   | ED                  |         |         |          |       |           |   |       |   |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 24. Procedure Date of Crist   | 26.<br>Toolb        |         | 27. To  | oth N    | umbe  | rr(a)     | Т   |       | . Tool  |  | 20.     |       | oodure   | Т  |        |                 |       |       |       | -      | vo n   | e malan       | ion    |         |       |          |     |                |       | 35. Fe |      |
| (VMADDACCTY) Gavity   | System              | L       | - 0     | Lotto    | ar(s) |           | 4   | 5     | urface  | •  | Ļ       | Coc   |  | 30. Description  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 10/12/2011  |                     | _       |         |          |       |           | 4   |       |   |  |         |       | 80   |  |        |                 |       |       |       |        |        |               |        |         | 00    |          |     |                |       |        |      |
| 2 10/12/2011  |                     | -       |         |          |       |           | 4   |       |   |  | П       | 10    | 15   | 5 Tribal Encounter 2 units   |        |                 |       |       |       |        |        |               |        | _       | 316   | .00      |     |                |       |        |      |
| 3   |                     | _       |         |          |       |           | 4   |       |   |  | <u></u> |       |  | ┺  |        |                 |       |       |       | _      |        |               |        |         |       | ٠.       |     |                | 4     |        | _    |
| 4   |                     | L       |         |          |       |           | 1   |       |   |  | _       |       |  |  |        |                 |       |       |       |        |        |               |        | 4       |       |          |     |                |       |        |      |
| 5   |                     |         |         |          |       |           | 4   |       |   |  | _       |       |  | -  |        |                 |       |       |       |        |        |               |        | _       |       | _        |     |                |       |        |      |
| 6   |                     |         |         |          |       |           | 4   |       |   |  | _       |       |  |  |        |                 |       |       |       |        |        |               | 4      |         |       |          |     |                |       |        |      |
| 7   |                     |         |         |          |       |           | 4   |       |   |  |         |       |  | 1  |        |                 |       |       | 'n.   |        |        |               |        |         |       |          |     |                | _     |        |      |
| 8   |                     |         |         |          |       |           | 4   |       |   |  |         |       |  | 1  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                | _     |        |      |
| 9   |                     |         |         |          |       |           | 4   |       |   |  |         |       |  | 1  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                | _     |        |      |
| 10  |                     |         |         |          |       |           | _   |       |   | _  |         |       |  | L  |        |                 | _     |       |       |        |        |               |        |         |       |          | _   |                | _     |        |      |
| MISSING TEETH INFORMATION   |                     |         |         |          |       |           | _   | -     | _   |  |         | _     |  |  |        |                 |       |       |       |        |        | mary          |        |         |       |          | 4   | 32. Other      |       |        |      |
| 34. (Please ain 'X' on each missing touth)  | -                   | _       | _       | _        | 5     |           | _   | 8     | 9   |  |         |       | 2 13   | _  |        |                 | ٨     | В     | c     | D      | £      | ۴             | G      | н       |       | J        | 4   | Fee(s)         | 4     | 14.0   | -00  |
|   | 32                  | 31      | 30      | 29       | 28    | 27 2      | MG :  | 25    | 24  | 23   | 22      | 21    | 20   | 11   | 9 18   | 17              | т     | - 5   | R     | Q      | Р      | 0             | N      | м       | L     | к        |     | 33.Total Fee   |       | 16     | UU   |
| 35. Flemarks  |                     |         |         |          |       |           |   |       |   |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
|   |                     |         |         |          |       |           |   |       |   |  |         |       | _  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        | _    |
| AUTHORIZATIONS  |                     |         |         |          |       |           | ANGILLARY CLAIM/TREATMENT INFORMATION                                 |       |   |  |         |       |  |  |        |                 |       | _     |       |        |        |               |        |         |       |          |     |                |       |        |      |
| 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or              |                     |         |         |          |       | - 1       | . 38. Place of Treatment 39. Number of Enclosures Redopublic Cod trap |       |   |  |         |       |  |  | P (00  | 10 S(9)<br>Most | H00   |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| the treating dentation dental practice has a contractful agreement with my plan prohibiting all or a portion of<br>such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health. |                     |         |         |          |       |           |   |       |   |  |         |       |  |  | ]_     |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |
| Information to carry out payment activities   | a in co             | nnectio | on will | h Phis   | dain  | 3.        |   |       | , ,   |  |         |       | 40. Is Treatment for Orthodontics?  41. Date Appliance Placed (MM/DOX) |  |        |                 |       |       |       | DEVCC  | m)     |               |        |         |       |          |     |                |       |        |      |
| x   |                     |         |         |          |       |           | □ No (Skip 41-42) □ Yee (Complete 41-42) 10/12/2010                   |       |   |  |         |       |  |  |        |                 |       |       |       |        |        |               |        |         |       |          |     |                |       |        |      |

There would be two authorization numbers on an Ortho claim:

- ✓ One is for authorization for the Ortho services.
- ✓ The other EPA

  number is to indicate

  if a tribal or nontribal member.
- ✓ An Ortho auth. and EPA have been added to this example claim.



➤ How ProviderOne pays the previous slide claim example.

ORTHO DENTAL VISIT:

Ortho Authorization 110022188

EPA Number for Native: 870001305

#### Procedure Codes Billed

#### Fee schedule Allowed Amount

| Line 1.  | D8080     | -Comprehensive Ortho Trmt. 3-Month | \$<br>308.46 |
|----------|-----------|------------------------------------|--------------|
| Total Fe | ee Schedi | ule Allowed Amount:                | \$<br>308.46 |

Line 2. T1015 -Tribal Encounter Value (2 units) \$ 323.54

Total Claim Payment (\$308.46 + \$323.54) \$ 632.00

**Note:** Line allowed amounts are for a child from the current fee schedule.

#### **Explanation of Payment:**

In this example, the total Fee Schedule Allowed Amount is less than the program allowed 2 units for the T1015 Encounter Rate. ProviderOne will calculate the T1015 claim <u>line</u> value and pay it at 2 Encounter unit Rate minus the total allowed amount for each line or \$632.00-\$308.46=\$323.54. The total amount paid on the claim for all procedure codes, including the 2 units of T1015 will equal 2 encounter rates or \$632.00.

Illustrative example lines of an Ortho Banding Dental claim form.

| 2. Predetermination/Presultionization Number  | POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3) |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
|---|---|---|--|------------|---------|--------|-------|---------|------------|------------------|---------|---------|----------|------------------|------|-------|----------|
| 110022188   | 87000130  | 05  | 12. Policyholder/Subscriber Name (Last, First, Modile Instell, Suffix), Address, City, State, Zip Code |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| INSURANCE COMPANY/DENTAL BENEFIT PLAN INFO  |   | 1   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| <ol> <li>Company/Plan Name, Address, City, State, Zip Code</li> </ol>   |   |   | 1  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
|   |   |   | ı  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
|   |   |   | L  |            |         |        |       | _       |            |                  |         |         |          |                  |      |       |          |
|   |   |   | 13.0   | Dute of Bi | irth (M | MVDD/C | CYY)  | - 1     | 14. Gen    |                  |         | 5. Pd   | lcyholo  | den/Subscriber i | (88  | IN or | ID#)     |
|   | ┺   |   |  |            |         | _      | _     | <u></u> |            |                  |         |         |          |                  |      |       |          |
| OTHER COVERAGE  |   |   | 16.1   | Plan/Gro   | up Nu   | mbor   |       | 17.     | Emolov     | er Nan           | 99      |         |          |                  |      |       |          |
| Other Dental or Medical Coverage? No. (Skip 5-11)   | Yes (Complete 5-11)   |   | ┺  |            |         |        |       | _       |            |                  |         |         |          |                  |      |       |          |
| <ol> <li>Namo of Policyholden/Subscriber in P4 (Leat, Firot, Middle Initial)</li> </ol>   | Duffix)   |   | PATIENT INFORMATION  18. Reliationante to Periodycides/Subscriber in #12 Above  10. Student Status     |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
|   |   |   | 18.1   | _          | -       |        |       | _       |            |                  | _       |         |          | 19. Studen       | _    |       |          |
| , , ,   | yholder/Bubecriber ID (9914   | or ID#)   | L  | Gelf       |         | Opow   |       | _       | ngan silan |                  | _       |         |          | □ rrc            | L    | _] p  | то       |
| MF  |   |   | 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code                         |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| Plan/Group Number     10. Patient's Heliationship to  |   |   | ı  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| Self Spoure   | Departent O   | thor  | 1  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| <ol> <li>Other Insurance Company/Dental Benefit Plan Name, Address,</li> </ol>  | City, State, Zip Code   |   | ı  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
|   |   |   | l  |            |         |        |       |         |            |                  | 1       |         |          |                  |      |       |          |
|   |   |   | 21.1   | Date of B  | irin (k | MYDDK  | (CYY) | 1,      | 2. Gend    | _                |         | Pm      | ent IID/ | Account # (Anni  | pnec | by D  | entet)   |
|   |   |   | _  |            |         |        |       | _       | М          |                  | _       |         |          |                  | _    |       |          |
| RECORD OF SERVICES PROVIDED   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  | _    |       |          |
| 24. Procedure Date 25. Area 26. P7. Tooth Num<br>(MM/DD/CCYY) 27. Tooth Num<br>(All DD/CCYY) 29. System 27. Tooth Or Letter)                | den(s) 28. Tooth<br>Surface   | 29. Precedi<br>Code   | ture 30. Description   |            |         |        |       |         |            |                  | 31. Fee |         |          |                  |      |       |          |
| 1 10/12/2011  |   | D808  | O Comprehensive Ortho Trmt.  |            |         |        |       |         |            |                  |         | 1820.00 |          |                  |      |       |          |
| 2 10/12/2011  |   | T101  |  |            |         |        |       |         |            |                  | 316:00  |         |          |                  |      |       |          |
| 3   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  | П    |       |          |
| 4   |   |   | $\neg$   |            |         |        |       |         |            |                  |         |         |          |                  | П    |       |          |
| b   |   |   |  |            |         |        |       |         |            |                  |         |         | П        |                  | -    |       |          |
| 6   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  | П    |       |          |
| 7   |   |   |  |            |         |        | - 1   |         |            |                  |         |         |          |                  |      |       |          |
| 8   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| 9   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| 10  |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| MISSING TEETH INFORMATION   | Permanent   |   |  |            |         |        |       |         | Prima      | v                |         |         |          | 32. Other        |      |       |          |
| 34. (Place an X on each missing tooth)  | 6 7 8 9 10  | 11 12   | 13 1   | 14 15      | 16      | A 1    | s c   | D       | £ I        | r a              | н       |         | J        | Fee(s)           | Ļ    |       | <u>.</u> |
| 32 31 30 29 28  | 27 26 25 24 23  | 22 21   | 20 1   | 19 18      | 17      | T 5    | s R   | Q       | P          | O N              | М       | L       | ĸ        | 33.Total Fee     | \$2  | 13    | 6.00     |
| 35. Flemacks  |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| AUTHORIZATIONS  |   | ANGILLARY CLAIM/TREATMENT INFORMATION   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| 36. I have been informed of the treatment plan and associated fees.   | or all .  | . 38. Place of Treatment 99. Number of Enclosures (00 to 99) Natiography Craft trappi) Moleto |  |            |         |        |       |         |            | (9)<br>Asibilità |         |         |          |                  |      |       |          |
| charges for dental services and materials not paid by my dental ben<br>the treating dental or dental practice has a contractual agreement w | of Proviers Ofice Huselul Dor Coner                                     |   |  |            |         |        |       | ĵï      | Ĩ          |                  |         |         |          |                  |      |       |          |
| such charges. To the extent permitted by law, I consent to your use information to carry out payment activities in connection with this de- | ted feeath  | 40. Is Treatment for Orthodontics? 41. Date Appliance Placed (MM/DR/CCY)                      |  |            |         |        |       |         | OCYY)      |                  |         |         |          |                  |      |       |          |
|   |   |   | No (Skip 41-42) ☐ Yes (Complete 41-42) 10/12/20 11   |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |
| ^   |   |   |  |            |         |        |       |         |            |                  |         |         |          |                  |      |       |          |

There would be two authorization numbers on an Ortho claim:

- ✓ One is for authorization for the Ortho services.
- ✓ The other EPA

  number is to indicate

  if a tribal or nontribal member.



➤ How ProviderOne pays the previous slide claim example. ORTHO DENTAL VISIT BANDING:

Ortho Authorization 110022188

EPA Number for Native: 870001305

#### Procedure Codes Billed

D0000

Time 1

#### Fee schedule Allowed Amount

1000 00

| Line 1.  | D8080     | -Comprehensive Ortho 1rm  | it. Banding \$  | 1820.00  |
|----------|-----------|---------------------------|-----------------|----------|
| Total Fo | ee Schedi | le Allowed Amount:        | \$              | 1820.00  |
| Line 2.  | T1015     | -Tribal Encounter Value   | \$              | -1504.00 |
|          | Total Cla | im Payment (\$1820.00 + ( | (-\$1504.00) \$ | 316.00   |

manual angirra Outh a Turnt Danding

# Note: Line allowed amounts are for illustration only. See the current fee schedule for updated rates.

#### **Explanation of Payment:**

In this example, the total Fee Schedule Allowed Amount is more than the program allowed unit for the T1015 Encounter Rate initially for banding. ProviderOne will calculate the T1015 claim <u>line</u> value and pay it at Encounter unit Rate minus the total allowed amount for the code line or \$316.00-\$1820.00=\$-1504.00. The total amount paid on the claim for the procedure, including the T1015 will equal 1 encounter rate or \$316.00. **Remember to**adjust this claim after 6 months to the 5 encounter units allowable.

Washington State Health Care Authority

# Tribal Code Billing Model — Ortho Dental How to Read the Remittance Advice

- Below is a copy of our example claim the Ortho Dental RA.
  - ✓ The claim line shows the code and paid amount (\$1820.00).
  - ✓ The Encounter line shows the paid value (\$316.00-\$1820.00=\$-1504.00)).
  - ✓ Total claim payment is the Encounter Rate or \$316.00
  - ✓ This claim example shows an encounter value could be a negative number.

| TCN /              | Line | Rendering     | Service      | Svc Code or | Total Units | Billed    | Allowed   | Sales Tax | TPL    | Client      | Paid Amount | Remark |
|--------------------|------|---------------|--------------|-------------|-------------|-----------|-----------|-----------|--------|-------------|-------------|--------|
| Claim Type /       | #    | Provider /    | Date(s)      | NDC /       | or          | Amount    | Amount    |           | Amount | Responsible |             | Codes  |
| RX Claim #/        |      | RX#/          |              | Mod /       | D/S         |           |           |           |        | Amount      |             | l 1    |
| Inv # /            |      | Auth office # |              | Rev & Class |             |           |           |           |        |             |             | I I    |
| Auth #             |      |               |              | Code        |             |           |           |           |        |             |             |        |
| 201206700022618000 | 1    | l             | 10/12/2011-  | D8080       | 1.0000      | \$1820.00 | \$1820.00 | \$0.00    | \$0.00 | \$0.00      | \$1820.00   |        |
| Dental Claim       |      |               | 10/12/2011   |             |             |           |           |           |        |             |             |        |
| 201206700022618000 | 2    |               | 10/12/2011-  | T1015       | 1.0000      | \$316.00  | \$316.00  | \$0.00    | \$0.00 | \$0.00      | -\$1504.00  | 1      |
| Dental Claim       |      |               | 10/12/2011   |             |             |           |           |           |        |             |             | ,      |
|                    | Doc  | ument Total:  | 10/12/2011-1 | 0/12/2011   | 2.0000      | \$2136.00 | \$2136.00 | \$        | \$0.00 | \$0.00      | \$316.00    |        |

Note: Ortho Providers can adjust this claim after 6 months to get paid a true banding rate (5 encounter units).

# Tribal Code Billing Model – Billing Taxonomy Codes

➤ The following list of Taxonomy Codes are used by the tribal billing NPI number to identify service types:

| Program         | Billing Facility Taxonomy |
|-----------------|---------------------------|
| Substance Abuse | 261QR0405X                |
| Dental          | 122300000X                |
| Mental Health   | 2083P0901X                |
| Medical         | 208D00000X                |
| Psychiatric     | 2084P0800X                |

- Claims for encounters must have on of these taxonomies billed on the claim for the billing NPI.
- Other programs may have their specialized taxonomy i.e. Physical Therapy, Maternity Support Services, etc.
- If these services are offered by the clinic, the taxonomy codes should already be listed on the billing provider file.

  Washington State Health Care Authority

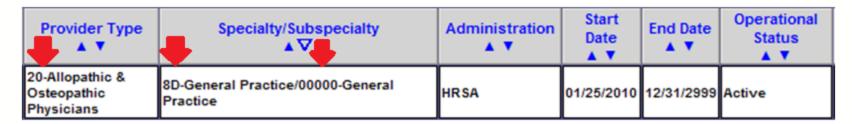
### Tribal Code Billing Model — How to find Taxonomy Codes in ProviderOne

- > To find each rendering provider taxonomy codes:
  - ✓ Log into ProviderOne
  - ✓ Use one of the billing profiles or super user to view the billing provider file
  - ✓ On the Portal page scroll down a click on Manage Provider Information
  - ✓ Click on Step 15, Servicing Provider list page
  - ✓ At the list of rendering providers find the provider of interest
  - ✓ Click on their name to hyperlink to their provider file
  - ✓ At the provider's file, click on specializations to see their list of taxonomy codes



## Tribal Code Billing Model — How to find Taxonomy Codes in ProviderOne

ProviderOne lists Taxonomy codes in separate segments:



- ✓ The first column describes the provider type: 20
- ✓ The second column describes the specialty and subspecialty of the provider type: 8D00000
- ✓ ProviderOne does not display the last character "X"
- ✓ The taxonomy code for the provider in this example is: 208D00000X
- ✓ Providers may have more than one taxonomy on their file
- ✓ Use the taxonomy appropriate for the service being billed

### Tribal Code Billing Model — Program and Service Limits

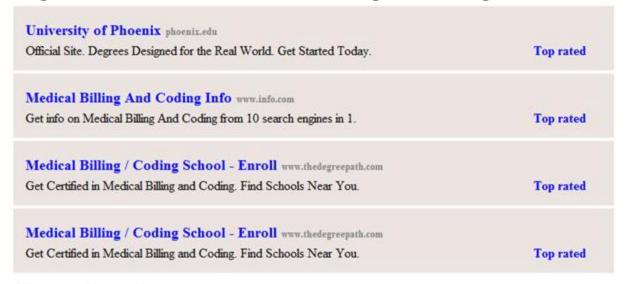
- Each specific program may have Service Limits.
  - ✓ Use of codes could trigger system edits for service limits.
    - Adults may have limits on their services (PT, OT, etc.).
      - (I.E.) Psych limit is 12 visits per year for adults.
    - Children usually have more liberal service limits.
      - (I.E.)Psych limit is 20 visits per year for children.
  - ✓ Program services may require specific program modifiers in addition to tribal modifiers.
  - ✓ Some program services require specific ICD-9 diagnosis codes.
  - ✓ Procedure codes and diagnosis codes must be compatible.

### Tribal Code Billing Model — Program and Service Limits

- Each specific program may have Service Limits.
  - ✓ Each specific program has their own Medicaid Provider Guides in addition to the Tribal Provider Guide.
  - ✓ Specific program limits, modifiers, and specific ICD-9 diagnosis codes can be found in those Provider Guides.
  - ✓ Provider Guides are located at http://hrsa.dshs.wa.gov/Download/BI.html

## Tribal Code Billing Model — Additional Training Resources

- There is additional coding/billing training available online:
  - ✓ Google to find Certified Coding Training.

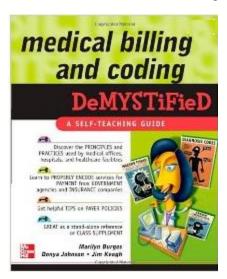


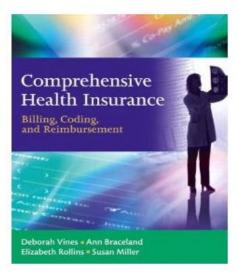
✓ Instate colleges may have online training also.

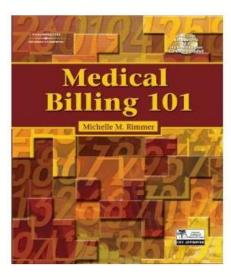
Note: The Agency does not endorse any Coding Training school/course.

## Tribal Code Billing Model — Additional Training Resources

- There is additional coding/billing training available online:
  - ✓ How about just a reference Manual?







✓ Many reference books are available.

Note: The Agency does not endorse any commercial reference manual.



## Tribal Code Billing Model — Standard Medical Coding Aid Form

| £  | neta<br>V島<br>DNC | NG. P.S.       |                                |                               |                     |                          |   | TRIBAL CLINIC 611 S OAK 611 S OAK ANYWHERE, WA 992002 Phone (360) 444-1000 hysician Billing IDE |          |  |   |                           | Time In: By:_ Tax ID # 91- Medicare #1 |   |                  |             |           |                  |  |  |
|--|-------------------|----------------|--------------------------------|-------------------------------|---------------------|--------------------------|---|---|----------|--|---|---------------------------|--|---|------------------|-------------|-----------|------------------|--|--|
| Pat Name   |                   |                |                                |                               |                     |                          |   |   |          |  |   |                           |  | Date:   |                  |             |           |                  |  |  |
| Pat Acct DOB:  |                   |                |                                | OB:                           | (                   | AGE                      | Appointmen  | E:  |          |  |   |                           |  | Time  |                  |             |           |                  |  |  |
| Soc. Sec.  |                   |                |                                |                               |                     | SEX                      | 1   |   | RIMA     | RY INSURANCE   |   |                           | SECONDARY INSURANCE                    |   |                  |             |           |                  |  |  |
| Guar Emp   |                   |                |                                |                               |                     | 027                      | ins. Co.  |   |          |  |   |                           |  | 000000  | A111 1110        | O) IA II O  |           |                  |  |  |
| Pai Emp  |                   |                |                                |                               |                     |                          | Comment   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| Home/Work  |                   |                |                                |                               |                     | Subscriber               |   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| Home, work   |                   |                |                                |                               | 1                   |                          |   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
|  |                   |                |                                |                               |                     |                          |   | Grp/Mbr#  |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| Person Billed  |                   |                |                                |                               |                     |                          | Employer  | Employer  |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| Address  |                   |                |                                |                               |                     |                          | Relation  |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| Address  |                   |                |                                |                               |                     |                          | Ref Reason  | Ref Resson  |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| City, Sate   |                   |                |                                |                               |                     |                          | Episode   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| MODIFIERS  |                   |                |                                |                               |                     |                          | Future Appt   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| 21 Projonged F & M Service 25   Significant Separate E & M   |                   |                |                                |                               |                     |                          | Recalls   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| 22 Unusual Service in Global Service Same Day as Procedure   |                   |                |                                |                               |                     |                          | ILS LINCOLING   |   |          |  |   |                           |  |   |                  |             |           |                  |  |  |
| 24 Unrelated 8   | arv. Dun          | ng 67          |                                | erred (                       |                     |                          | 0   | -   | 0 =      |  |   |                           |  |   |                  |             |           |                  |  |  |
| Past Op Pa   |                   | Con I          | 100                            |                               |                     |                          |   | .0.   |          | C.   |   | 1 656                     | Die I                                  | COCCUPY OFFICE                                | 0.0              |             | New       | Time             |  |  |
| OFFICE   | New               | Est.           | 1001                           | FEE                           | 1000                | CONTACT LENSE            |   | FEE   | BIA.     | OFFICE SURGERY   | 450   |                           | DIA.                                   | SPECIAL SERVI                                 |                  | BOEAG       | FEE       | DIA              |  |  |
| Ophth, inter.  | 92002             | 92012          |                                |                               |                     | G/L Eval.                | 92310   |   |          | Blepharoplasty   | 1583  |                           |  | A Scan R DD                                   |                  | 76519       |           | -                |  |  |
| " comp.  | 92004             | 92014          |                                |                               |                     | G/ L Class               | 90002   |   | -        | Chalazion, sgl.  | 6780  |                           | [                                      | Fluor, angiograph                             | <u>y</u>         | 92235       |           |                  |  |  |
| Refraction   |                   | 92015          |                                |                               |                     | C/L Check                | 92309   |   |          | " , mult.  | 6780  |                           |  | Fundus photo                                  |                  | 92250       |           |                  |  |  |
| RBRVS  |                   |                |                                |                               |                     | Gentaci Lens             | 92391   |   |          | Conjunct. F.B.   | 6521  |                           |  | External photo                                |                  | 92285       |           | -                |  |  |
| Minimal Problem  |                   | 99211          |                                |                               | -                   | Aphakic 1 eye            | 92315   |   | -        | Comeal f.B.  | 6522  |                           |  | Ophthalmodynam                                | ometry           | 92260       |           | 1                |  |  |
| Problem Focused  |                   | 99212          | _                              | ° 2 eyes                      |                     |                          | 92312   | ļ   | _        | Corneal curettage  | 6543  |                           |  | Pachymetry                                    |                  | 76514       |           |                  |  |  |
| Expanded Problem   | 99202             | 99213          |                                |                               | ļ                   | Therap, Lens             | 92070   |   |          | Princial Captery   | 6876  |                           |  | HRT OD OS                                     |                  | 92135       |           |                  |  |  |
| Detailed Problem   | 99203             | 99214          |                                |                               | -                   | Supplies                 | 99070   |   | L        | Epilation  | 5782  |                           | _                                      | Visual Field Limits                           | 86               | 92081       |           |                  |  |  |
| Comprehensive Hz.  | 99204             | 99215          |                                |                               | 1                   | C/L Solutions            | 9000  |   | ļ        | Eyelid Lesion  | 1144  |                           |  | Visual Field                                  |                  | 92082       |           |                  |  |  |
|  | 99205             |                |                                |                               | -                   | Tax                      | 100   |   |          | I&D Cyst   | 1006  |                           |  | Visual Field Comp                             |                  | 92083       |           | -                |  |  |
|  |                   |                |                                |                               | _                   | Fed Express              | 201   |   |          | Lacrimal irrig.  | 8880  |                           |  | Ext. Dphtfalmosc                              |                  | 92225       |           |                  |  |  |
| CONSULTATIONS  | 533               |                |                                |                               | 1                   |                          |   |   |          | Probe Masolac  | 6882  |                           |  | " Ophthalmos                                  | свру Ѕнь.        | 92226       |           |                  |  |  |
|  |                   | 99241          | _                              |                               | -                   | HVF []                   | Neuro   | Plaqui  | ia!      | Punct snip   | 6844  |                           |  | Bil. Ophthal Sub.                             |                  | 92226-60    |           |                  |  |  |
| Expanded Problem   |                   | 99242          |                                |                               | $\vdash$            | GVF 🗆                    | Glaucoma  | Bleph   |          | Sterile set-up   | A466  |                           |  | Gonioscopy                                    |                  | 92020       |           |                  |  |  |
|  |                   | 99243          | _                              |                               | $\vdash$            | Pachy D                  | HRT 🗆   |   |          | Subconj. inj.  | .6820   |                           |  | ✓ Out By                                      |                  |             |           |                  |  |  |
| The state of the s |                   | 99244          |                                |                               |                     | 1. Dilated               | <ol> <li>Cataract</li> <li>Glaucoma</li> </ol>        |   |          | Post-Op care   | 99024   |                           |  | Teday's Charges                               |                  |             |           |                  |  |  |
|  |                   | 99245          |                                | 2. Patching<br>3. Pre-Dilated |                     |                          | 7. Post-Op  |   |          | Punctal Plugs. 68761   |   |                           | 190ay's Gharges                        |   |                  |             |           |                  |  |  |
| For Dr.  | FOR DE.           |                |                                |                               | 11                  | Refraction               | 7. гове-ор  |   |          | -Sensorimotor exam   | 9206  |                           |  | Co-Pay to                                     | Ck MC/Visa       |             |           |                  |  |  |
|  |                   |                |                                |                               | $\perp \perp$       |                          |   | M T W TH F S  |          |  |   | 92499                     |  |   | Previous Balance |             |           |                  |  |  |
| DIAGNOSIS - ICD-9-CM   |                   |                |                                |                               |                     | RETURN                   | M T   | H: ::   | - E \$1. |  |   | - 1                       | LCGAIGGS DAI                           | 91460   | <del></del>      |             |           |                  |  |  |
| If not below: Date of onset/Injury:  |                   |                |                                |                               |                     | D                        | ays Wks   | Mo  | os       | Years  | L.  |                           |  |   | Paid on Account  |             |           |                  |  |  |
|  |                   |                |                                |                               | PBN                 | OPR                      | A.M   |   | P.M.     |  |   | - 1                       | Balance                                |   |                  |             |           |                  |  |  |
| After cataract   |                   | 956 59         | Conju                          | neffuit                       | in .                | 979.00                   | Episcienitis/scientis                                 |   | 9.00     | * , deadritic  | 064.49  | Photophobia               |  | 388.13  | F 8 1sts         | FORT Segre  |           | 362,81           |  |  |
| Alterpy, sye   |                   |                | Conta                          |                               |                     |                          | Estropia  |   | 8.00     | " , interstitial   | 370.50  | Photocola                 |  | 368.15  | ^ fale           |             |           | 161.31           |  |  |
| Amaurosis fugax  |                   | 362.3¢         | Contu                          | slos/1                        | гацта               | 921.                     | Exophthalmos  |   | 6.30     | ", sicca   | 370,33  | Piaguecula                |  | 372,51  | latti            |             | 3         | 362.63           |  |  |
| Anthlyopia   |                   |                | Conva                          |                               |                     |                          | Exotropia   |   | 8.10     | Keratoconjuactivitis   | 370,40  | Piteltary tum             |  | 239.7   |                  | vaecular    |           | 62.16            |  |  |
| Angle Narrow<br>Anisocoria   |                   | 365.02         | Come                           | al abr                        | rasion.*<br>eration | 918.1                    | " contact allergy<br>" eczerna.                       |   | 3:32     | Keratoconus  | 371.60  |                           | /995                                   |   | ^ RPE            |             |           | 162.42           |  |  |
| Anisonore  |                   | 367,31         |                                | dystro                        |                     | 371.50                   | " , lagophth  |   | 4.20     | Laceration, eyeball w/o proleps<br>Laceration, eyeball w proleps |   | Presbyogia<br>Pseudophaki | 9                                      | 367.4<br>379.31                               | " SHIT           |             |           | 362.16<br>361.32 |  |  |
| Aphakia  |                   | 379.31         |                                | edama                         |                     | 371.20                   | Functional loss                                       |   | 8.16     | Lid tumor, benige  | 216.1   | Pterygium                 | u                                      | 372.40  |                  | oplasmosis  |           | 130.2            |  |  |
| Asteroid   |                   | 379.22         |                                |                               | KT FECU             | rrent 371.42             | Glaucoma, angla desure                                | acute 36  | 5.22     | Masular degeneration   | 382.50  | Plerygium ce              | ntral                                  | 372.43  | ^ Vasi           | ular coclus | ion. 3    | 362.30           |  |  |
| Bells Palsy  |                   | 351.0          |                                |                               | a body              |                          | " , angle closure-                                    |   |          | exudative  | 362.52  | Ptosis                    |  | 374,30  |                  | uiitis      |           | 862,18           |  |  |
| Blepharitis Eyelid blepharospa:  | Dans.             | 373.00         |                                | guttat                        |                     | 371.57<br>370.60         | <ul> <li>inflammation</li> <li>low-tension</li> </ul> |   | 5.62     | " edema. " pucker  | 362,83  | Pupil daform              | ity                                    | 364.75  | Retinosch        |             |           | 361.12<br>362.21 |  |  |
| Biepharo-confunctivitis  |                   | 372.20         |                                |                               |                     | 370.60                   | " , narrow angle                                      |   | 5,02     | ° hole   | 362.56 PXF<br>362.54 Betractive error                   |                           |  | 363.11 Retrolen, fibrophasia<br>367.9 Rosaces |                  |             |           | 95.3             |  |  |
| Blindness, one eye   |                   | 369.60         | * opacity central              |                               |                     |                          | , with vescular                                       | * , with vascular disease 365.63  |          | Melanosis, conjunctival  | 372.56   Retinal BRAD                                   |                           | 382.32                                 |   |                  |             | 64.42     |                  |  |  |
| , 00   |                   | 369.00         | " ulcer central                |                               |                     | 370.03                   | " , open angle  | , open angle 365.18   |          | Migraine   | 346.0 ^ BRVD  |                           | 362,36                                 | Scirtillating scotoms                         |                  | 3           | 968,12    |                  |  |  |
| , regal  |                   | 369.04         | " ulcer margin                 |                               |                     |                          |   |   | 5.59     | Nexus (choraid)  | 224.5   | - CHAO                    |  | 362,31 Strabismus                             |                  | 376.5       |           | 378.9            |  |  |
| Blow out Fx*<br>Blurred vision   |                   | 802.7<br>368.8 | Dacryostenosis, acquir         |                               |                     | quired \$75.56<br>375.55 | ", suspect<br>Graves Disease                          |   | 5.01     | Normal eye exam.<br>Nystagraus                                   | V72.0 ° CMV<br>379.50 ° CRV0                            |                           |  | 363.10 Surg.<br>362.35 Syner                  |                  |             |           | 960.89<br>964.70 |  |  |
| Burn, aya*   |                   | 940.           | neonatal<br>Dermachalais       |                               |                     | 374.87                   | onthalopegia  |   | 6.22     | Observation  | V71.9   | " CSCR                    |  |   |                  |             |           | 964.70<br>146.5  |  |  |
| Cataract   |                   | 366.10         |                                |                               |                     | 250.00                   | Headaches   | 78  | 4.0      | Optic nerve alreaty  | 377.11  | " bysts                   |  | 362.41 Terapora<br>361.13 Trichiasi           |                  |             |           | 374.06           |  |  |
| F , Iraumatic  |                   | 386.20         | " retinopathy 38               |                               |                     | 382.61                   | lerpes simplex 054.40                                 |   |          | " neuritis   | 377.32  | " defect                  |  |   | 30 Uyejtis       |             |           | 964.3            |  |  |
|  |                   | 373.13         | ° retinogatiny profilic 362.82 |                               |                     |                          | " zoster  |   | 3.20     | " neuropathy aion  | on 377.41 " defect, multip<br>pdc 377.34 " degeneration |                           |  |   |                  |             |           | 68.40            |  |  |
| , orbital  |                   | 376.01         | Diplop                         | mil .                         |                     | 368.2                    | Hordsolum externum                                    | 37  | 3.11     | " neuropathy toxic   | 377.34  | negérié                   | ROTION                                 | 362.60  |                  | section     | aronale 3 | Red.43           |  |  |

- Copy of a document called a "Superbill."
- Online Google "Superbill" to find free downloads.
- Superbills may be purchased at office supply stores.



## Tribal Code Billing Model — Standard Medical Coding Aid Form

- ➤ The "Superbill" is pre-coded with common services done during an office visit including:
  - ✓ Office visit codes.
  - ✓ ICD-9 diagnosis codes.
  - ✓ Special Service codes that could be commonly provided (lab, x-ray).
- Use of the "Superbill" is easy for a busy practice or large clinic.
  - ✓ Provider performing the service simply circles the procedure code of the service done at the end of the visit.
  - ✓ Provider would also circle the diagnosis code they determined caused the reason for the visit (or indicates one if not pre-printed).
  - ✓ Provider would also circle any lab tests ordered (or indicates one if not pre-printed).
- > The billers then easily generate a claim from the "Superbill".

### **Other Training Options**

> Training web page at <a href="http://hrsa.dshs.wa.gov/provider/training.shtml">http://hrsa.dshs.wa.gov/provider/training.shtml</a>







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### Training

The **Medicaid Program** offers a variety of learning opportunities for providers. These include live webinars, E-learning lessons, tutorials, and manuals.

**To assist in enrollment of all Pharmacists**, Provider Relations in cooperation with Provider Enrollment and the Pharmacy program have produced a webinar and presentation slide show with step by step instructions for enrolling pharmacists into ProviderOne.

- Enroll a Pharmacist presentation
- Q&A from the Enroll a Pharmacist webinar (coming soon)

Medicaid Provider Relations is offering Medicaid 101 training workshops. The current 2012 schedule includes:

- September 11, 2012 Medicaid 101 in Olympia. FULL
- September 19, 2012 Medicaid 101 in Olympia. FULL
- October 16, 2012 Medicaid 101 in Olympia. FULL

**Good News**, these Medicaid workshops have been approved by the AAPC as meeting the requirements for 5.0 CEU's continuing education hours. All certified coders that attend will be given a certificate of workshop completion.

The following workshop has been completed:

- June 7th Medicaid 101 in Yakima -- Presentation slide show
- July 13, 2012 Dental Medicaid 101 in Olympia -- Presentation slide show
- July 19, 2012 Medicaid 101 in Wenatchee -- See the June 7th presentation slides

Webinars -



Other Training Presentations

You may also want to visit:

Budget Cuts how they affect the Medicaid Program

ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage

Join the <u>Medicaid email list</u> for providers to get the latest information specific to your business

ProviderOne Weekly Claims
Report

Providers can check their claim statistics by tax ID then NPI

Scope of Care client coverage eligibility for services

Coordination of Benefits



A Provider link to ProviderOne

Contact the Customer Service Center

### **General Billing Information**

# ProviderOne Billing and Resource Guide



### This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process for billing the Medicaid Program of the Health Care Authority for covered services delivered to eligible clients.

Find the Guide at

http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html

### References

### **General Information about Medicaid:**

- Summarized in the ProviderOne Billing and Resource Guide http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html.
- See the Provider Training web site for links to recorded Webinars, E-Learning, and Manuals <a href="http://www.dshs.wa.gov/provider/training.shtml">http://www.dshs.wa.gov/provider/training.shtml</a>.
- Find the Tribal Medicaid Provider Guide (formerly the billing instructions) at <a href="http://hrsa.dshs.wa.gov/Download/BI.html">http://hrsa.dshs.wa.gov/Download/BI.html</a>.

### **QUESTIONS**

